



Alabama Board of Funeral Service Application for Cremationists License

PART I. APPLICANT IDENTIFYING INFORMATION

First Name	Middle Name	Last Name	Suffix
Social Security Number		Date of Birth MM/DD/YY	
Physical Residence Address		City	State Zip
Mailing Address		City	State Zip
Home Phone	Work Phone	Cell Phone	
Email			
County of Residence		Place of Birth	

I certify that I am a citizen of the United States or legally present in the United States? Yes No

Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate their United States citizenship, or if not a United States Citizen, their lawful presence in the United States. Please see the Alabama Immigration Law form for two lists of documents, one to demonstrate the applicant's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) and return all this information to this office.

PART II. LICENSE(S) OR PERMIT(S) APPLYING FOR Check all that apply

Please include all fees with application. ALL FEES MAY BE INCLUDED INTO ONE CHECK, MONEY ORDER, OR CERTIFIED CHECK!

Cremationist (\$100.00):		Cremationist Special Work Permit	
Background Check Fee (\$38.25)		State Law Exam (\$50.00)	

Special Work Permits can only be applied for by individuals applying for licensure who have meet all requirements except the Board approved crematory operators training course.

I understand that a Special Work Permit expires one year after issuance or upon certification as having passed a Board approved crematory operators training course. I understand that if I do not complete the crematory operators course within one year I must cease practice unless a Permanent License has been issued.



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PART III. EDUCATION

List the educational institutions attended that satisfy the educational requirement for licensure. Include a copy of your High School Diploma, or Bachelor Degree (whichever is applicable), also include a copy of your crematory operator certification.

High School/GED institution attended		Graduation Date MM DD YY
Mortuary School Attended	Degree or Certificate <i>(Official Transcript Required)</i>	Graduation Date MM DD YY
School from which Bachelor Degree Obtained (if applicable)	Major	Graduation Date MM DD YY
Crematory Operator Certification Provider	Location	Date completed MM DD YY

PART IV. EXAMINATION INFORMATION

Have you passed the Alabama State Law Exam (LRR)? Yes No Month/Year passed:

PART V. CREMATORY OPERATOR, BLOODBORNE PATHOGEN AND UNIVERSAL PRECAUTIONS

Attach copies of certificates of completion

Crematory Operator Training (Name of approved provider)	AL Approved Course Number	Date of Completion (MMDDYY)
Bloodborne Pathogen (Name of approved provider)	AL Approved Course Number	Date of Completion (MMDDYY)
Universal Precautions (Name of approved provider)	AL Approved Course Number	Date of Completion (MMDDYY)

PART VI. WORK HISTORY

List all funeral industry related employment chronologically within the last five years to the present. (May attach a separate sheet of paper for additional space). If you have never been employed, insert "N/A" for Not Applicable.

Name of Establishment: _____	Job Title: _____
Address: _____ City: _____ State: _____ Zip: _____	
Name of Licensed Manager: _____	Dates of Employment: _____
May we contact the Licensed manager? Yes <input type="checkbox"/> No <input type="checkbox"/>	



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Name of Establishment: _____	Job Title: _____
Address: _____	City: _____ State: _____ Zip: _____
Name of Licensed Manager: _____	Dates of Employment: _____
May we contact the Licensed manager? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART VII. PREVIOUSLY LICENSED IN OTHER STATE JURISDICTIONS

If you have ever been licensed, certified or registered in another state (jurisdiction) to practice in the profession for which you are now making application, complete the information requested below. *Under status please note if license is active, expired, inactive, or lapsed. *(Failure to disclose information, may result in automatic denial.) (May attach a separate sheet of paper for additional space)*

Jurisdiction(s):	Type of license:	License number:	Effective dates of licensure:	Status:

PART VIII. PAST DISCIPLINARY ACTION

Have you ever had any license or registration to practice cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YES NO

Do you have any actions pending? YES NO

Have you ever voluntarily relinquished or surrendered a professional license or registration to practice cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO

Have you ever had any license/registration application to perform cremations denied? YES NO

If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board as well include a written statement/explanation relating to any disciplinary action.

PART IX. CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or a felony in this or any other state, local jurisdiction, or any other foreign country, or are criminal charges currently pending against you? YES NO

If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation. You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed. (Traffic violations need not be reported).



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PART XI. CERTIFYING STATEMENT

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will always comply with all applicable state laws, rules and regulations governing the license I am seeking to obtain. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of Alabama Board of Funeral Service, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected or confidential.

I hereby apply for license for the fiscal year ending September 30, 20 and in support of such application submit and attest to the information and data supplied herewith. I also attach herewith the required application fee. I have read and understand the provisions of Title 34, Chapter 13, Code of Alabama, 1975, and Administrative Code 395, which govern the issuance and maintenance of the License requested.

I UNDERTSAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION.

(Signature of Applicant)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20 .

Seal

Notary Public

My Commission expires _____



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Alabama Immigration Law/ Beason-Hammon Act

- I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:
- Alabama Driver's License or Identification issued by Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating US birth
- Valid US Passport
- Military Identification showing US as place of birth
- Naturalization documents
- Certificate of citizenship
- Consular report of birth abroad of US citizen
- Bureau of Indian Affairs identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of US birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of birth issued by US Department of State
- I am NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:
- I-327 Re-entry Permit
- I-551 Permanent Resident Card (copy front and back)
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card (copy front and back)
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: (Explain)

Signature of Applicant _____

Date _____

Please Type or Print in Ink

AFFIDAVIT

(In Support of Application for Initial Licensing as Cremationist)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: _____
(First) (Middle) (Last)

Physical Residence Address: _____
(Address) (City, State, Zip, Telephone Number)

Business Address: _____
(Address) (City, State Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as CREMATIONIST under section 34-13-120.1, Code of Alabama, 1975.

TO BE EXECUTED BY A CREMATORY OWNER

I depose and say that I have known _____ for _____ years
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge received adequate training to perform the duties of a CREMATIONIST.

I am currently the owner of the above stated establishment that is licensed by the Alabama Board of Funeral Service. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA ESTABLISHMENT LICENSE TO DENIAL OR REVOCATION.

(Signature of Crematory Owner)

(Address) (Telephone No.)

Subscribed and sworn to before me, a Notary in the State of Alabama this ____ day of _____, 20 ____.

Seal

Notary Public
My Commission expires _____



Alabama Board of Funeral Service State Laws, Rules, and Regulations (LRR) Exam Registration

Applicants who have not successfully passed the State Law (LRR) Exam must complete the registration form below.

First Name	Middle Name	Last Name	Date of Birth MM/DD/YY	
Physical Residence Address		City	State	Zip
Mailing Address		City	State	Zip
Home Phone	Work Phone		Cell Phone	
Email				
Check the examination you are registering for				
Funeral Director/ Embalmer (LRR)			Cremationist (LRR)	

Office Use Only			
Payment Received:	Posted:	CA, CK, CC, CCK, MO:	Posted By:
Scheduled Exam Date:	Exam completed:		Test Number:



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Cremationist License Checklist

All applicants for a cremationist license in the State of Alabama must have met all the following criteria. If the applicant answers "No" to any of the following, then the applicant is not eligible for certification. (If the individual is currently licensed as a Funeral Director or Embalmer requirements marked as "if applicable" do not apply)

Yes	No	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	US Citizen
<input type="checkbox"/>	<input type="checkbox"/>	Over 21 years of age
<input type="checkbox"/>	<input type="checkbox"/>	Good Moral Character
<input type="checkbox"/>	<input type="checkbox"/>	High School Graduate or Equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Certified passing score on the Alabama Law Exam (If applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	<input type="checkbox"/>	Citizenship Documentation (If applicable)
<input type="checkbox"/>	<input type="checkbox"/>	License fee (\$100.00)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of High School Diploma or Certified Transcript from High School or Certified Transcript from an accredited Post-Secondary School. (If applicable, sent directly to the Board from the school.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed Background Check Application (If applicable) (Will be mailed separately to applicant)
<input type="checkbox"/>	<input type="checkbox"/>	Background Check fee (If applicable) (\$37.00)
<input type="checkbox"/>	<input type="checkbox"/>	Two complete sets of Fingerprint Cards (If applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Completed Board approved course in Universal Precautions/Blood-borne Pathogens (verification of completion sent to the Board by the applicant.)
<input type="checkbox"/>	<input type="checkbox"/>	Affidavit completed by Crematory Owner or Licensed Cremationist

*To constitute a passing score the applicant shall earn a score of at least 75.

****If the applicant has been convicted of a felony or misdemeanor, the applicant must have the certified records from the court in which the conviction occurred sent to the following address:**

**Alabama Board of Funeral Service
P O Box 309522
Montgomery, AL 36130**

Background Checks

The *Code of Alabama 1975, Title 34 Section 13* requires a Criminal History Background Check be conducted for applicants as listed below:

	License/Certification	Code of AL, 1975
	Reciprocal Funeral Director and/or Embalmer License	§ 34-13-51
	Funeral Director License	§ 34-13-70
	Embalmer License	§ 34-13-91
	Cremationist License	§ 34-13-120.1
	Apprentice Funeral Director and/or Embalmer Certification	§ 34-13-130

The applicant must submit the following items to complete the criminal history background check:

- Completed "ALEA Application" signed by applicant and **two witnesses OR notarized.**
- The required copy of a valid photo identification.
- A classifiable copy of your own fingerprints taken by an authorized law enforcement agency as required on a FBI "Applicant" Fingerprint Card (i.e. blue card). Containing the Alabama Board of Funeral Service ORI number 920052Z. (Finger print cards may be obtained from the Board of Funeral Service or your local police department (it must be the card for a federal background check)). **TWO SETS**
- Send ONLY the \$38.25* Fee payable to "Alabama Board of Funeral Service" for the Back ground Check!**
***The \$25.00 fee on the Background Check Application does not apply!**

AEL BACKGROUND CHECK APPLICATIONS AND FINGER PRINT CARDS ARE TO BE MAILED TO THE ALABAMA BOARD OF FUNERAL SERVICE AT:

**P.O. BOX 309522
MONTGOMERY, AL 36130**

Do not mail Background Check Applications directly to ALEA. They will be returned to the applicant by ALEA.

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: Male Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: White Black Asian Indian Other (please specify) _____

Home Phone: () _____ Mobile Phone: () _____ Work Phone: () _____

WORK INFORMATION

Employer Name: _____ Employer Phone: () _____

Contractor Name: _____ Contractor Phone: () _____

State Agency: _____ Agency Phone: () _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and **two witnesses OR notarized.**
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.***
- PERSONAL REQUESTS ONLY:*** The required \$25.00 administrative fee (*must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit*).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:
 ALABAMA BOARD OF FUNERAL SERVICE, 11 SOUTH UNION STREET SUITE 106, MONTGOMERY, AL 36104

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Signature _____ My Commission Expires _____, 20____.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____/Date: ____/____/____	Processed By (initials): _____/Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered _____ Mailed _____	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: _____ Total: \$ _____
		Certified Letter Qty: _____ Total: \$ _____

NOTICE OF PRIVACY DISCLOSURE STATEMENT**DISCLOSURE STATEMENT:**

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

_____, hereby authorize the **ALABAMA BOARD OF FUNERAL SERVICE**
 _____, **Print Name** **Authorized Recipient**
 to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

Signature

Date

APPLICATION TO CHALLENGE

Alabama Criminal History Record Information



Appendix A

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Criminal Records and Identification Unit that he or she believes to be **inaccurate**. To submit a challenge regarding criminal history record information (CHRI) provided by the Alabama Law Enforcement Agency, Criminal Records and Identification Unit. Please complete the steps described below and mail this form and all supporting documentation to:

ALEA Criminal Records and Identification Unit – P.O. Box 1511 – Montgomery, AL 36102-1511 – ATTN: Record Challenge.

Failure to properly complete the form or provide the appropriate documentation, may cause a delay in processing your request.

I, _____, wish to challenge my Alabama CHRI provided to me by the Alabama Law Enforcement Agency Criminal Records and Identification Unit on ___/___/___.

- **I understand that I must return this challenge form, along with the documentation required below, to the ALEA Criminal Records and Identification Unit no later than one year in order to challenge this information under this request.** I further agree and understand that I must submit a new Request to Review or Challenge my criminal history record information in accordance with the procedure established by the Alabama Justice Information (AJI) Commission should I wish to challenge my Alabama criminal history after that date.
- I understand that I must provide below or ATTACH IN WRITING TO THIS FORM the following information regarding EACH arrest and/or disposition I am challenging before my challenge can be reviewed or processed by the ALEA Criminal Records and Identification Unit. I also understand that I should attach copies of the official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- I understand that my challenge will be reviewed by an ALEA Criminal Records and Identification Unit official, along with the documentation provided. I also understand that my challenge may also be sent to the originating criminal justice agency with custody over the challenged information for their review, and that this process may take several weeks or longer to complete.

Please list the SPECIFIC charge, date, and Arresting Agency/Court for each arrest or disposition being challenged:		
DATE	AGENCY	ARREST CHARGE/DISPOSITION CHALLENGED
1.		
2.		
3.		
4.		
5.		

Please also provide the following details:

- A. The details related to why each specific arrest or disposition listed above is inaccurate:

- B. The information believed to be correct information for each arrest or disposition being challenged:

- C. The agency and/or court where I obtained what I believe to be the correct supporting information (if applicable) from is:

Signature: _____ Date: _____

Applicant Instructions

For completing the ALEA Application to Review Alabama Criminal History Record Information or to Challenge Alabama Criminal History Record Information



Appendix B

In order for your request to review, challenge or appeal your Alabama Criminal History Record Information to be processed by the Alabama Law Enforcement Agency (ALEA), **you must complete the ALEA Application to Review (SBI Form 46) or to Challenge Alabama Criminal History Record Information (SBI Form 46 Appendix A) in accordance with the following instructions:**

- 1. Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
 - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
 - b. A valid unexpired United States Citizenship and Immigration Service Document, which may include either:
 - i. Certificate of Naturalization N-550
 - ii. Replacement Certificate of Naturalization N-570
 - iii. Special Certificate of Naturalization N-578
 - iv. Certificate of Citizenship N-560
 - v. Replacement Certificate of Citizenship N-561
 - vi. Certificate of Citizenship (Posthumous) N-645, N-645A
 - c. A valid unexpired United States Passport; or
 - d. A valid unexpired Foreign Passport which meets the following requirements:
 - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
 - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.
- 2. Your application must include the required \$25.00 administrative fee in the form of only a cashier's check or a money order made payable to the "Criminal Records & Identification Unit" (sorry – personal and/or business checks are not accepted).; and**
- 3. Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency with an FBI-issued Originating Agency Number (ORI).**
 - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and insures that the proper criminal record is reviewed.
 - b. Details for the fingerprinting agency may be found in APPENDIX C.
- 4. Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511
- 5. If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
 - a. A copy of the Alabama Criminal History Record being challenged;
 - b. The charge and DATE of each specific arrest or disposition being challenged;
 - c. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
 - d. A listing of each specific arrest or disposition being challenged;
 - e. The details related to why each specific arrest is inaccurate;
 - f. What the applicant believes to be the correct information for each arrest or disposition being challenged;
 - g. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
 - h. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- 6. Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Record Challenge
P.O. Box 1511
Montgomery, Alabama 36102-1511

Please allow a minimum of 4-5 weeks from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling 334-517-2450 or 1-866-740-4762.

